THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. IX.] WEDNESDAY, SEPTEMBER 11, 1833. [NO. 5.

DR. GRAVES ON THE TREATMENT OF VARIOUS DISEASES.

Dr. G. is engaged, and very profitably too, in publishing a sort of catalogue raisonné of his experience. It is a refreshing thing to turn occasionally from systems and generalizations to the raw material, and add some facts to our own stock in trade. The first subject to which Dr. Graves adverts, is that of

Headaches in Young Women.

He observes that when connected with an obviously plethoric state of body, the treatment is sufficiently well understood—early hours, spare diet, active exercise, rather powerful purgatives. When there is much determination of blood to the head, leeches may be applied behind to the ears, or to the feet, and the bleeding in the *latter instance should be kept up* by the pediluvium. Dr. G. speaks very highly in favor of the latter method, and illustrates its good effects by relating the case of an old gentleman, who was subject to violent palpitations, accompanied by the feelings of approaching dissolution. Dr. G. saw him in a very severe paroxysm, in which the ordinary means had failed. A pediluvium as hot as it could possibly be borne afforded speedy and decisive relief. In the habitual headaches of robust and plethoric young women, it is sometimes necessary to have recourse to general bloodletting when the paroxysm is violent. A young lady had been subject for years to attacks of most distressing severity, which baffled all internal remedies and external applications. At length Dr. Stokes bled her ad deliquium, during a violent paroxysm, with immediate, and, what is more, with permanent relief, for she has had no subsequent attack.

Dr. Graves makes some remarks on the treatment of amenorrhœa, which are practically so judicious that we feel anxious to impress them on the minds of our readers.

"The periodicity of this function can still be traced, even in cases where suppression has continued for a great length of time by means of the menstrual *molimina*, which occur at stated intervals. In endeavoring to bring on the discharge, therefore, we must be guided as to the time the attempt should be made by an observance of the period at which these *molimina* occur; for a few days before that time, our efforts to produce a determination of blood to the uterus may be judiciously employed, and if they fail, the attempt should be abandoned, until a few days before the next menstrual period. Of course I speak not here of the general constitutional treatment, for this must be constantly persevered in, one of the chief means of bringing back this evacuation being the restoration of the health to the natural standard; in some this is to

be effected by tonic, and in others by an opposite mode of general treatment.

"But of this it is quite unnecessary to speak, as all practitioners are acquainted with the essential difference between the general modes of management required according to the constitution and habits of the patient. What I wish to impress on the minds of the junior members of the profession is, that all those remedies which actually determine to the uterus or its neighborhood, as pediluvia, stuping of the genitals, leeches to the inside of the thighs near the labia, aloes and other stimulating purgatives, &c. &c. should be only used at the times already spoken of. To use them at any other period, either after the molimina* have disappeared, or during the intervals between them, tends in most cases still further to derange nature, by determining to the uterus at an unseasonable time, when there is no natural tendency to that organ; under such circumstances the very same means will frequently fail and prove injurious, which, applied so as to coincide with the time of the natural effort, would have been successful. To illustrate these principles by an example: we are consulted in the case of a young woman, affected with various hysterical symptoms for several months, and during that period more than usually subject to headache, languor, loss of spirits, diminution of appetite, and irregularity, usually constipation of bowels; she is pale, and complains of various pains and uneasy sensations, and has not menstruated since the accession of these symptoms. Here it is evident that the constitutional treatment must be strengthening and tonic; the practitioner will therefore recommend regular hours, much gestation in the open air, a nutritious diet, tepid, and afterwards cold shower baths; he will regulate the bowels and afterwards prescribe a course of tonic medicines, chalybeates, preparations of bark, strychnine, &c. &c.; he will likewise inquire carefully when the last period happened, and when and how often since that occurrence menstrual molimina were observed. He thus ascertains when they should again recur, and contents himself with enforcing the constitutional treatment, until about six days before the calculated time. Then he lays aside the other medicines, and has recourse to those means which determine to the uterus. Two leeches are applied to the inside of the thigh near the labium, every second night, until they have been three times applied. The bleeding is encouraged by stuping. On the intermediate days the bowels must be actively moved by aloetic pills, and for three nights before and after the day of the molimina, hot pediluvia, rendered stimulating by mustard seed, may be used; during the same time also frictions with stimulating liniment should be applied to the feet and legs every morning, and spirits of turpentine or tincture of cantharides may be exhibited internally, while the necessity of more active exercise is inculcated. The intention of the leeching is to produce a tendency of blood to the part, which tendency is increased by each repetition of the application, and is still further augmented by these applications being made only about the time that the menstrual discharge should have taken place. *If these means fail, they must for the moment be laid aside, and the constitutional treat-*

* "By molimina are meant pains in the loins, thighs, and hypogastric region, flushings, colicky pains of the abdomen, increase of headache, and a general feeling of malaise, which are familiarly known among females as indicating a *constitutional effort.*"

ment must be again resumed until the same number of days before the next period, when the list of remedies above spoken of must be again tried, and in few cases indeed shall we find them to fail."

We can add our testimony to that of Dr. Graves, respecting the superior efficacy of this over the routine administration of emmenagogues, tonics, and so forth, without regard to the periods that nature has assigned, and the indications of them that she offers. Dr. Graves omits mentioning the hip-bath, which we have found preferable to the pediluvium. Dr. G. observes that two leeches are a fit number for weakly individuals; but in the plethoric, four or six may be used at a time with advantage.

Dr. Graves observes that in some young women the tendency to headache exists without any menstrual derangement, but may be caused by leucorrhœa. When this is the case, Dr. G. counsels avoidance of the pediluvia, and the use of the nitrate of silver injection; and he adds that the removal of the leucorrhœa is the first step in the cure, as it causes a series of most distressing symptoms. We must confess that our experience on this head does not altogether tally with that of Dr. Graves. In young women leucorrhœa is usually merely a symptom, and it is not this discharge, but the state of the general habit on which it depends, that is the fons et origo mali. It is true that by removing the leucorrhœa we effect much good, but in fact we do not cure the leucorrhœa until we have altered and ameliorated the general health.

Dr. Graves next speaks of headache in young persons of a delicate excitable temperament without any menstrual or leucorrhœal complication. Such persons are said to be extremely nervous, and are subject to every variety of hysterical seizure, all, however, marked by the violence of the accompanying headache. In some the pain is accompanied with flushed countenance, in others the external signs of cerebral congestion are less evident; but in all, any stimulus, such as wine, aggravates the malady. These patients are often kept awake night after night—they bear active purgation very badly; and loss of blood, whether general or local, as well as blisters, and means of this description, although they may procure a temporary alleviation, do ultimate injury. Dr. Graves alludes to a fact illustrative of this circumstance. A lady had been liable every third or fourth month for the last twenty-five years to a violent fit of epilepsy; about a year ago a young practitioner imprudently bled her, and she has since been subject to an attack every third or fourth week.

Dr. G. observes that we should recollect that the natural tendency of this complaint, when not interfered with by art, is by no means dangerous, although it is, of course, an object to relieve the patient of so distressing a symptom as speedily as possible. The means which Dr. G. employs are these: first, moderately cold applications to the forehead; secondly, attention to the bowels by means of fœtid and terebinthinate enemeta, at least once a day; thirdly, attention to the state of the bladder, lest water should accumulate, as it frequently does, in that organ; fourthly, extensive, diligent, and frequently-repeated dry cupping of the integuments in the vicinity of the head; fifthly, the internal exhibition of spirit of turpentine in considerable doses; sixthly, the repeated use

of stimulating liniments to the abdomen and the lower extremities; and, lastly, when the fit has subsided, or other remedies have failed, the *nitrate of silver*, in considerable doses.

"The utility of both nitrate of silver and spirit of turpentine in such cases, was suggested to me by the good effects these medicines are found to produce in epilepsy, particularly when it occurs in persons of a nervous and delicate habit; and since I have employed them in hysterical determination to the head, I have been able to overcome these and similar affections, with much greater facility than formerly: of these, as has been already observed, the spirit of turpentine is best suited to the violent stages of the disorder, and may be given in doses of one or two drachms, to be repeated according to its effects. The best vehicle is cold water; some will bear and derive advantage from two or three doses of this medicine in the day, experiencing from its use a diminution of headache, and removal of flatulence, together with a moderate action of the bowels and kidneys. In some cases, as occurs also occasionally in the treatment of epilepsy, by this medicine, it cannot be persevered in, in consequence of the violent dysuria and hæmaturia it occasions; slighter degrees of these affections should not, however, prevent our continuing it. When the paroxysm has abated, or when the spirit of turpentine has failed, the greatest benefit may be derived from the nitrate of silver, continued for five or six days at a time, in doses of half a grain four times, or even six times a day. When the bowels are constipated there is no better combination than nitrate of silver with minute doses of compound colocynth pill—a formula, I believe, first recommended in dyspepsia by Dr. James Johnson, of London, and which I have found invaluable, not merely in the headaches of hysterical young women, but in those of men, particularly the habitual stomach headache, to which delicate and literary men are so subject."

Dr. Graves speaks very highly of dry cupping. He recommends that many cups, of tolerable size, should be applied at once to the nape of the neck, between the shoulders and below the clavicles, whilst one or two small ones may be applied near the ears. The suction should be powerful, and should be sufficient to fix the cup for at least ten or fifteen minutes. Dr. G. recommends dry cupping in hysterical headache, coma, and delirium, as well as previously to the occurrence of epileptic paroxysms. He mentions cases in point. With reference to hysterical delirium, we should state that our author describes it as characterized by great nervous excitement, sleeplessness, talkativeness, and delusions, such as supposing persons to be present who are not so, accompanied with a frequent wish to get out of bed in some, while others hide themselves under the clothes when a stranger approaches.

In such cases Dr. Graves has known the most disastrous consequences result from the depleting system being solely relied on; he recommends the dry cupping as likely to prove a most valuable auxiliary to well-directed internal treatment. Mr. Barker communicated a curious case to our author. A lady of rank was occasionally attacked by violent determination to the head, and each of these paroxysms was sure to induce before it ended a great propensity to suicide, which on one occasion she nearly succeeded in effecting. This strange affection was removed, or

rather prevented, by the application of dry cupping as soon as the premonitory symptoms of the paroxysm made their appearance.

Exhibition of Opium in the form of Enema.

Dr. Graves relates two cases illustrative of the efficacy of opium when given as an injection. Singularly enough, the subjects of both cases are medical men. The first was a gentleman worn down with the effects of mercury. He had chronic arthritic swellings, slight rupia, pains, extreme debility, and an utter want of sleep. For two years he had never slept at night without the assistance of an opiate, and he had often taken two ounces of Battley's solution in the day. Very large doses of opium acted on his bowels as an aperient, and it never checked the secretions or induced pyrexia. The treatment pursued by Dr. Graves consisted in the administration of two drachms of the black drop every night—three drops of Fowler's solution three times daily—a pint of sarsaparilla broth—a starch enema, with one scruple of black drop three times daily—a nutritious but mild diet—some wine at dinner. This treatment was attended with the happiest effects.

The other case was one of neuralgia. The gentleman has frequently been compelled to take during the paroxysms 100 grains of opium, which produced disturbance of the secretions, destroyed the appetite, and had sensibly impaired the memory and mental powers. Half a drachm of laudanum used in the form of injection twice or three times daily, effectually alleviates his suffering and produces none of the bad consequences alluded to.

We must confess that we have seen opium given by injections frequently fail in producing the same amount of relief with its exhibition by the mouth. Since the publication of M. Dupuytren's opinions on the employment of opiate enemeta in delirium traumaticum, it has been the fashion to resort to them. In some instances we have certainly observed great benefit from their administration, but in others, as we have already remarked, we have seen them fail. It is always right to make trial of them.

Dysphagia.

We give the following case of hysteria in our author's words; it is equally brief and instructive.

"On the first of last September I was called to see a young lady, who was represented to be in a state of imminent danger. On entering the room I found her sitting up in bed, surrounded by several female friends, all in the greatest alarm. Her face was pale, and her countenance indicated a good deal of anxiety. She held in her right hand a cup containing water, which she applied to her lips about every five seconds, and sipped an extremely small portion of the water, which she immediately swallowed with a considerable effort of deglutition, although the quantity was so trifling; she said she should be immediately choked if she discontinued this perpetual sipping, and she referred to an intolerable uneasiness at the root of her tongue and in her throat, threatening immediate suffocation the moment she ceased to employ herself in swallowing; and so urgent was the feeling that impelled her to this act, that

the moment an attempt was made to take the cup out of her hand, she began to scream with agony, was agitated with convulsions, and to all appearances seemed in the last agony. This scene had lasted for several hours without interruption, and the appearance of the principal actress was rendered still more tragical by a black mass of leeches around her throat, and the blood from their bites trickling down her neck. On examining her more closely I found that there was no obstruction whatsoever to the passage of air through the larynx, and that she could make a full inspiration, without any wheezing or noise in her chest; there was no swelling or redness observable at the root of the tongue, or in the fauces. As the young lady was of an extremely delicate and nervous habit, being very sedentary and subject to frequent attacks of common hysteria, I immediately conjectured that her present symptoms were the result of an hysterical affection, and accordingly I removed the leeches, stopped the bleeding as soon as possible, and gave her draughts consisting of camphor, aromatic spirit of ammonia, and black drop, under the influence of which the nervous irritation soon subsided, and she fell asleep."

Dr. Graves makes mention of two other cases of, apparently, nervous dysphagia. A nervous young clergyman consulted him last year on account of debility and dyspepsia, accompanied with a painful and convulsive struggle, as he expressed it, which sometimes took place between the morsel he had swallowed, just before it entered the stomach, and a something that seemed to resist its further passage downwards. This lasted for a few seconds only, but was very distressing to himself and the spectators, and made him shun society.—The other case is that of an excellent anatomist, in whom these sudden attacks of temporary dysphagia have become so habitual that he never ventures to eat unless a glass of water be within his reach; in him, the stoppage of the descent of the food is attended with an urgent sense of suffocation.

"In fever I have witnessed several times a very peculiar species of dysphagia, evidently occasioned by flatulent distension of the stomach to such an extent that the lower portion of the œsophagus partook of this condition; at least, I conjecture so, for during the struggle of the dysphagic paroxysm a gurgling noise was heard, as if the bit of food was met by a portion of air contained in the lower part of the œsophagus. My friend, Doctor Autenrieth, of Tubingon, has particularly remarked this symptom, or at least something like it, in what he calls the abdominal typhous fever of young people; for he says if the patient takes any drink, a peculiar gurgling noise is heard, as if the fluid was poured into a lifeless bag. Now, in precisely such a case, Mr. Rumly and I saw a young lady affected, in addition to this noise, with so great spasmodic dysphagia, probably from the entrance of wind into the lower end of the œsophagus, that she altogether refused to drink. This phenomenon gradually disappeared, and the lady ultimately recovered; but it deserves to be remarked that in general this symptom, and the gurgling noise described by Dr. Autenrieth, are very bad omens in fever."

The remaining part of Dr. Graves's paper is not possessed of any peculiar interest, and we therefore pass it over. We would make one observation before we conclude. In the earlier days of physic, when mor-

bid anatomy was uncultivated, and when, consequently, medicine had not the degree of exactness which it now possesses, men were thrown solely on the observation of facts, and a vast body of empiric experience was accumulated. We say empiric, because the nature of disease was unknown, and the observation consisted only in the statement of the results of the application of certain remedies to certain symptoms. Much practical truth was, no doubt, obtained; but, as many symptoms constitute only the common language of certain stages of diseases, totally differing in their characters and seat, it followed that much of the experience was fallacious, and men were ignorant why a drug succeeded in one case and utterly failed in another, which, to their eyes, appeared of a similar description. Hence all the vagueness, and much of the opprobrium, of physic.

When morbid anatomy was first explored, and its vast mines of real and solid information opened, men were dazzled by the glare of the wealth around them, and thought that it would suffice for all their necessities and wishes; in other words, they imagined that, to become good practitioners, it was merely necessary to know the real nature of disease, and the structural changes that accompany and occasion symptoms. The example of France is alone sufficient to display the fallacy of this expectation.

The truth is, that both means are necessary to constitute the knowledge available in practice. We should know the seat and the structural nature of disease, or we sink into empirics, and exactness is lost; we should know the effects of remedies on symptoms, as well as on structural lesions, or we become mere barometers of vital changes, diagnosticating, prognosticating, doing everything but cure.

At the present day, these two roads to knowledge may, happily, be joined. Men conversant in the exact truths of morbid anatomy may set themselves to observe the effects of medicines; and we need not say how incomparably superior the record of their experience is, to that empiric jumble of facts and fancies that has descended to us from our forefathers. We now appreciate the effects of remedies with some measure of certainty—we see how far organic lesions are amenable to treatment, and what medicines or means relieve particular symptoms, or sets of symptoms, not dependent on such lesions. In short, we have now a rational and scientific series of experiments, in clinical observation. It is on this account that we have noticed Dr. Graves's paper so fully, and we trust that it will not be the last of a similar description.

Dublin Journal.

CONTAGIOUSNESS OF ERYSIPELAS.

Erysipelas supervening on an Incised Wound of the Scalp, and thence spreading by Contagion. By G. Bury, Farnham, Eng.

Case I.—In the middle of May last, William Parfitt, a healthy young man and agricultural laborer, received an incised wound of the scalp, from the axe of a fellow workman flying off its handle, after the blow was

struck with the tool. The wound was about three inches in length, on the left side of the occipital protuberance, and attended, I am led to believe, by severe symptoms of concussion. These were fortunately only of short duration. The assistance of a surgeon at Odiham was procured, as the accident occurred within two miles of that town. He applied adhesive plaister, and repeated this dressing three or four times.

At the expiration of ten days the man had so far recovered from the effects of the injury, as to be enabled to walk to his home (a distance of five miles), at Crookham, the wound then being in a favorable state, and all symptoms of concussion absent. About a week after his return I was requested to see him, as I was passing by his house, and found him laboring under very considerable febrile excitement, and the wound in a sloughing condition. There was perfect absence of any signs of concussion or compression of the brain. Under the free administration of purgative and febrifuge medicines, and the use of chloride of lime and bread poultices, the wound became clean, and the febrile disturbance subsided in the course of a week. This gratifying amendment was, however, shortly interrupted by the supervention of erysipelas, which extended from the wound over the entire head and face, and some distance down the neck. The patient's strength having been necessarily reduced by the previous antiphlogistic treatment, the disease assumed the asthenic character. Delirium, attended by low muttering, soon set in, and was rapidly succeeded by coma. Stimulants were with the greatest difficulty swallowed, and the case wore a most unpromising aspect.

Not to enter further into the particulars of the treatment, which are foreign to my present purpose, I will just state that the progress of the erysipelatous inflammation was arrested by employing the lunar caustic in the mode recommended first by Mr. Higginbottom, and subsequently by Dr. Elliotson and others. The system was at the same time supported by the copious exhibition of wine, spirits, æther, ammonia, &c. &c. The patient's recovery was gradual, and he has now (contrary to my expectations at one time) regained his pristine strength.

Case II.—Not more than a week from the period of the disease being at its height in the preceding case, the sister, Ann Parfitt, who had been most attentive in nursing her brother, was attacked, though slightly. The erysipelas faintly appeared between the scapulæ, and the concomitant feverishness was so trivial as to be quickly subdued by medicine. The application of a cold lotion was the only local treatment here practised.

Case III.—The father, who also had been a great deal with the first patient, was the next attacked, and while Case II. was going on. The erysipelas commenced in the axilla, and thence diffused itself over the whole side. I made two small incisions into the inflamed surface with the scalpel, from which some blood only escaped, and the tension, redness, and pain, were perceptibly diminished. The incisions were made on the second day, but even thus early delirium had come on, and it was speedily followed by coma. The poor fellow had been a hard drinker, and his constitution, originally most robust, had been manifestly shattered by the abuse of beer and spirits, by hard work, and also by several very

severe injuries he had sustained in pugilistic contests. His age was 56; and despite of cordials and stimuli, he sunk on the fourth day from the beginning of the disease.

Case IV.—Mary Parfitt, another sister, 26 years of age, was the next to sicken. She also had been waiting on her father and brother. The face and some portion of the neck were occupied by the disease. Delirium began on the third day, but did not terminate in coma. This patient, however, required the prompt administration of nourishment and stimulants.

Case V.—Daniel Parfitt, a brother, who had lately come home ill with low fever from Odiham, became the subject of erysipelas the following day after Mary was attacked, and his case was in all essential points similar to hers. The lunar caustic was locally employed in both, with most marked good effect; and the patients are now convalescent.

Case VI.—David Parfitt, æt. 22, the only one remaining unaffected in the house, was at length not suffered to escape. After experiencing febrile symptoms of one week's duration, he became worse, and erysipelas was developed in the face on the 4th of July, ten days after Daniel was seized with it. The attack was milder than in either of the foregoing instances. A decided check to the advancement of the inflammation was produced by the caustic, applied as before.

Purgatives and antimonial preparations were liberally given in each individual case, and the inflamed parts kept wet with lotio plumbi.

The situation of the house in which these patients lived is healthy, and at the extremity of a small village. I had not seen erysipelas in the neighborhood or parish, which is very extensive and populous, and of which my partner and myself have had the medical charge for four months, before I witnessed it in the person of William Parfitt, and I have every reason to believe that the disease was not anywhere near till then.

One person only, residing in another house in the village, has had the disease, and that was the aunt of the above persons. She was taken ill after No. 2, and had sitten up two or three nights with No. 1, and had likewise been much with him by day. The case has, I understand, done well; but it did not fall under my own observation.—*Lon. Med. Gaz.*

ON PHLEBOTOMY IN CHOLERA.

[Communicated for the Boston Medical and Surgical Journal.]

If a physician uses venesection in individual cases, he should have a precise idea of the indication to be fulfilled, otherwise he may hasten the death of his patient. When venesection is used, in such cases, it should be regarded as an indirect stimulant to the absorbent system. An artificial loss of the moving vital fluid, in existence, in the sanguiferous system, when suddenly made, if it does not kill the patient by syncope, may rouse the propensity of the absorbent system to take up stimulating

medicines or matters. In this way stimulant means may be rapidly taken into the system, in some dreadful cases of cholera, when without such a resource, such might not be the case. It is known that, in dropsy, loss of blood will excite the action of the absorbent system. A salutary reaction may be sometimes hastened by such a process, when no time is to be lost. The physician, who has recourse to such an indirect plan of treatment, in an asthenic torpid case, should be careful to supply the absorbent mouths with suitable stimulants, to be received by them, or his patient may die in consequence of his phlebotomy. Some physicians, who give their testimony against venesection, may have neglected such a needful precaution. And some patients are naturally too feeble for such a process, even if stimulants be used. One physician, who was fond of bleeding his patients largely, in collapsed cholera, maintained that the very dark, slow-moving blood of such patients was already dead, and might as well be removed. This idea, however ingenious, cannot be strictly true, i. e. not in the sense in which a mortified limb is said to be dead. Others use venesection to prevent such congestions as have often been found in dead persons. This congestion, however, does no harm in us after death; and it cannot be prevented in life, if ever so desirable, when there is great torpidity in the fine circulating vessels, unless the whole blood be completely removed from said torpid vessels.

In vigorous constitutions, when there may be a sthenic local inflammation, we make an artificial evacuation of blood suddenly, from the whole sanguiferous system, with a view to lessen the *vis a tergo* from the inflamed part; and we likewise withhold from the mouths of the absorbent vessels stimulating matters, for a given period, that the topical inflammation may have time to subside. Such patients have tone enough to sustain inanition, for a few days. Not so with cholera patients. The direct stimulant, diaphoretic mode of treatment, either with or without mercury, is in general the best. At least, such is my opinion. It injures the constitution of the patient, subsequently, less than the bleeding plan, and it requires less skill to carry it into effect. Of course it is less liable to abuse. It is a plan, also, that can be taught to the whole intelligent public. And this is an important consideration. A physician cannot always be had co-existently with the very commencement of a sudden, insidious and dangerous disease; and yet he is then most wanted by the patient. At least, this may be the case when pestilence stalks.

The above fragment, from another manuscript, may be a placebo production and do no harm, and that is more than can be truly said of much that is written on medicine;—asking pardon of your reverences, the doctors or my brethren, for such disrespect.

The concentrated labor of a multitude of physicians, in regard to malignant cholera, has finally established, in an abstract view, the following propositions:—

1. That cholera is only contingently contagious. That a panic may sometimes be an exciting cause, and also feeble health.

2. That its symptoms may be learned by studying books and seeing patients.

3. That its remote or aërial cause is unknown.

4. That all its forms, except its dying state, are very much under the power of medicine.

5. That its dying state constitutes a very undesirable proportion of cases.

6. That quarantine regulations, in general, are useless, and may do harm in many ways. And this is so, because the pestilence may appear, like a thief in the night, at an unexpected time, and without our knowing the causes or reason why.

7. Every individual person dies, with the malady, unless medicine be used. This has been ascertained in the East Indies, among a people who have no medical profession.

8. The malady, when curable, or even if it be not so, is to be treated by some kind of stimulation, quickly applied.

9. This stimulation may be subdivided into the simple diaphoretic treatment, without mercury and without venesection, *with the exception of a very few cases indeed.* [See Dr. Charles Curtis's plan; that of some New England physicians; that of Dr. Perron, Drs. Russell and Barry, in Russia; that of Dr. Ashbel Smith, in Paris.] The second subdivision embraces the scheme of using venesection, as an indirect stimulant to the absorbent system, in combination with mercury and other cathartics and means. This plan has many advocates. The first has fewer. These few are, however, respectable witnesses; and they have some of them been very successful. This must be admitted.

10. It has been shown that typhus syncopalis, or spotted fever, is a very similar malady, if it be not the same, as regards—1st, its fatality, when neglected or wrongly treated; 2d, its non-contagious nature, and its mode of treatment and manner of occurrence, and many of its most essential symptoms.

11. Both epidemics, if they be two, may occur, like influenza, in all parts of this globe and at all seasons of the year, and no one can tell when such events may happen. The two epidemics, if they be two, may occur co-existently in the same locations, as has recently been the case in New London, in New Haven, in New York, in Paris, and in London.

12. No better mode of prevention has been discovered, than that of keeping oneself in good health and spirits.

13. It probably now will be conceded that malignant cholera has not come from Asia, and that it is not allied to common cholera morbus, as was once supposed.

14. Each physician must exercise his best judgment in forming his plan for curing malignant asthenia, whether it comes in the form of cholera or typhus syncopalis. N.

New London (Conn.), Sept. 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 11, 1833.

CHOLERA IN LONDON.

We read with some surprise the following remarks in the Lancet of July 20. "We have hitherto abstained from allowing more than a mere cursory notice to appear in our columns, of the straggling cases of malignant cholera which showed themselves in the early days of the present month, under the hope that they were but passing visiters, and that no recurrence of the disease in its epidemic form would compel us to return to this painful and alarming topic. In compliance with duty, however, we are obliged to confess our disappointment, and at last to announce that the epidemic cholera in its worst form is once more abroad in this country. Numerous public establishments in the metropolis—prisons, workhouses, and hospitals—have already become the scenes of its operation; and in private life there have fallen numerous additional victims, in various parts of the metropolis, to this deadly malady. The public should know that the published Bills of Mortality throw no light whatever on the actual extent of this disease; but careful observers will remark, that the deaths from 'old age,' 'inflammation of the viscera,' unknown causes, &c., have increased to such a degree as to afford strong evidence that the epidemic reckons many sacrifices under these vague denominations."

So little has appeared in the public journals respecting the re-appearance of cholera in London, we deem it a matter of some interest to make the above generally known. We noticed, however, some months since, that cholera had continued to hold an important place in the London bills of mortality, since the period of its greatest prevalence the last summer. For some time, indeed, the number of reported deaths from this disease has been on the decrease, and we notice for the weeks ending July 2 and 9, the numbers to be only 3 and 12 of cholera. It is hardly possible to believe, in the face of these statements, however negligently the returns are made up, that there can be any serious ground for alarm.

SITUATIONS FOR HOUSES.

We notice some speculations on this interesting subject, contained in the papers of the Provincial Medical Association, which lead to the result that elevated situations generally do not possess any advantage in regard to healthfulness over those on the adjacent plains. This fact is mentioned as having been proved in regard to country houses in England. The same thing, however, has also been repeatedly observed here, both in the country and in cities. Localities situated on the sides, or even on the summits of hills, and thence possessing the apparent advantage of a free circulation of air, are found, notwithstanding, to exhibit their full proportion of the diseases, endemic and epidemic, which infest the valley and plain beneath. The cause of this anomaly is probably various. In some places, it would seem that in the original conformation of the soil, lands situated as we have mentioned were drains to the ground above them, and retain even now the marshy character derived from this circumstance.

We know some of these drainage grounds which have been employed as building lots, which it has been found impossible by any contrivance to render dry; while other spots, situated at small distances from them, and having actually a less elevation above the sea, have been easily drained and kept dry. This, however, is not the only circumstance to which the difference in question is to be attributed; for in many of the elevations noted as being unhealthy, the earth was dry—and in others, although the ground was moist, that in the valley was yet more so. There is no doubt that the sides of hills and rising grounds serve as points of attraction to fogs and vapors, and that to this circumstance their unhealthiness is often to be attributed. The few observations which have yet been made on this interesting subject cannot be considered as possessing any great importance, or pointing at any distinct conclusion; but should farther observation go to confirm these facts, they may hereafter form the foundation of some useful theory.

THE REGISTER AND LIBRARY OF MEDICAL AND CHIRURGICAL SCIENCE.

This is the title of the weekly periodical which we noticed some time ago as about to be issued from the press at Washington, D. C., under the editorial care of Professor Pattison. The first number has been received, and read with tolerable interest. When the accomplished editor has accustomed himself to watch the news of the day so closely as not to be late in its circulation, the work will doubtless be one of great interest as well as value. The first number, having been long and slow in preparation, and occupied in a great measure by an exposé of what it is to be, is of course not a favorable nor a fair specimen of the work. It contains, notwithstanding, some few facts, of which we shall avail for the information of our readers.

This periodical of Professor Pattison is divided into two departments:—the one a register, and the other a library of medicine and surgery. The register, which is to take up eight or ten pages only, in each number of sixty-four pages, will contain an editorial article, a periscopic review of what is taking place in medical science at home and abroad, a journal of medical news, a notice of new books, chiefly American, and such other items of intelligence as may be deemed interesting to physicians in the United States. The Library will consist of a reprint of standard European works. In their selection will doubtless be exercised a due degree of judgment and candor. The character of the editor is an ample earnest of the one, and we wish no other proof of the liberality with which the Library will be conducted, than the selection which has been made as a commencement. In this first number is begun the republication of Sir Charles Bell's treatise on the nervous system, a work that ought to be familiar to every physician.

The terms of this periodical are such as we before mentioned, and it will unquestionably meet the ready support of the American faculty.

Rupture of a Branch of the Umbilical Cord, causing Hemorrhage and the death of both Children in a Twin Labor.—The patient was a healthy woman, pregnant for the second time. The membranes broke suddenly, about 6 P. M., on April 29, without any perceptible cause, and within an hour 6 or 7 lbs. of liquor amnii were discharged with much dark-colored

blood. On examination, the head was found presenting, and across it a very tense elastic cord, of the thickness of a crow quill, was extended. After this the patient remained pretty well till next evening, when, about 8 o'clock, pains came on; in a few hours the above cord had disappeared, having slipped upwards, out of the reach of the fingers, but the navel string so firmly encircled the child's neck that it was obliged to be cut and the ends secured by an assistant: the child was then speedily born, but was small, pale, shrunk, and bore marks of incipient putrefaction. A second child was immediately detected to be present in the uterus, offering the right shoulder; as no pains came on, and there was a draining of blood, it was easily delivered by turning, but it was dead, and presented the same appearances as the other. The placenta followed in a few minutes, and was one undivided mass.

The umbilical cord of the first child did not arise from the placenta, but from the membranes, at the distance of five inches from its border. From this border three venous and four arterial branches ran in the chorion to the spot where they united so as to form one vein and two arteries. It was here that the chorion was torn, with the most external of the three venous branches just referred to. The umbilical cord of the second child arose from the centre of the placenta as usual. The cord which was felt extended on the child's head was the above venous branch, with a portion of the adjoining chorion, and its disappearance in the progress of the labor was probably owing to the further rupture of the chorion, which allowed it to slip back. The source of the hemorrhage and of the death of the children was thus made manifest.

Had the nature of the case been suspected when the membranes first broke, forced delivery, by turning, might have been resorted to, but would probably have proved useless if not injurious. In the only other certain case of the kind on record, Professor Naegelé turned, but did not save the child. If the precise seat of the injury could be ascertained and reached, might not a double aneurismal needle, with a handle, be employed to tie the vessel? Should that not succeed, turning would still remain.—*Siebold's Jour. für Geburtshulfe, &c.*

Medical Practitioners in America!—"Some medical gentlemen emigrate from the United States into Canada; but I believe they are never employed where one from Great Britain or Ireland can be procured. American physicians do not commonly place themselves in any situation in which competition with Europeans is hazarded. If any professional man from the States be found in such neighborhood, he forms an exception to the general rule. There was one such at Thornhill, but his skill was not considered as entitling him to much patronage: his practice was very limited, and confined chiefly to the lower orders. A medical man who cannot ride much on horseback ought not to go into that country. So highly are doctors paid in some places, densely populated, that towns and villages are well supplied. Medical men from the States are often found wandering up and down, and, where European physicians are not found, take possession of the practice. In more remote places, a doctor has frequently to ride fifteen or twenty miles to many of his patients. The English medical gentleman near us was often sent for to the above distance. His charge for an ordinary journey was a dollar a mile. He was making a rapid fortune, and becoming one of the wealthiest gentlemen in the neighborhood. There are many places upon Yonge Street,

and in the districts around—and I believe in every district of the country—which are very populous, and where any respectable medical practitioner might settle his family in affluence" ! !—*Rev. Mr. Fidler's United States and Canada.*

Discharge of Worms from various parts of the Body.—[Extract of a Letter from Mr. C. Neilson, of Killala.]—John Alexander, aged 10 years, was for nearly a year in a delicate state of health; although his appetite continued pretty good, he had much wasting of flesh and general debility. About eight months since a tumor arose over the epigastrium, which, after being poulticed for some days, burst and discharged, with about two ounces of pus, a white worm half an inch long. In a few days the abscess healed. Eight or ten days afterwards a second tumor arose, about three inches distant from the first, on the right side of the chest, which after some days also burst and gave exit to another worm. It is needless to particularize the different instances; suffice it to say, from the time of the first worm being discharged until I first saw him, which was an interval of two months, five worms had made their appearance. They were all similar to the first, and lived for a few hours after their discharge. When I saw him the integuments of the right cheek and eye were excessively swollen, and in the course of a few days another worm was discharged from the upper eyelid. I recommended different medicines for the space of six weeks, but the formation of abscesses on different parts of the trunk and extremities proceeded, and altogether about twenty worms were discharged, principally from the right side. At length two grains of calomel were given every night until the gums became affected, and convalescence shortly afterwards took place; I shall not pretend to say whether from mercurial influence, or from the produce of the original nidus having been exhausted. The boy has been now for nearly three months quite well, his health and strength being completely re-established. The worms appeared to be ascarides. None were, however, at any time observed to be discharged from the intestines, nor were the bowels irregularly affected.

I cannot account for their formation: whether the first deposition of eggs had been made by some means under the external skin, or whether a worm had perforated the intestine, and at length made its way to the surface. I incline to the latter opinion, from the boy's previous ill health. I could in a few instances trace a reddish line from one abscess to the other; this was, however, after the new abscess appeared. The patient himself felt no uneasiness in the part, nor had he any idea where the next abscess would form until it appeared externally.—*Med. Chir. Rev.*

Preservation of Leeches by feeding them with Sugar.—The attention of the Academy of Medicine has been lately called to this subject by a chemist. A commission was appointed to investigate particulars, and they have given in their report, which, however, is not favorable to the proposal.

The chemist was of opinion, that the blood which we so frequently find in the water in which the leeches are kept is not disgorged, but flows from the wounds which the animals inflict on each other when huddled together; the commission doubt the accuracy of this. A great error has very generally been committed, in supposing that one of the causes of the loss of so many leeches, is the putrefaction of the "mucosities which exude from their bodies;" now these so called mucosities, are in fact

the epidermes, which are regularly thrown off at intervals, in the same manner as the scarf-skin of a snake. The impressions of the rings of the leech are quite obvious on this mucosity; it is detached first towards the head, and the animal escapes from it as from a sheaf, which still adheres for a short time to the tail, so that we often see the leeches swimming about with this membranous appendage.

Bullet. Gen., and Med. Chirur, Review.

Removal of Head and Upper Portion of the Thigh-Bone, as a Substitute for Amputation at the Hip-Joint.—Lisieux, a French soldier, was struck in the trenches before Antwerp by a ball, which shattered the upper part of the os femoris. He was placed under the care of the Belgian surgeon, Sentin, who believes amputation at the hip-joint to be invariably fatal. An incision, therefore, was made from the crista ilii to three inches below the great trochanter; fifteen fragments of bone, of various forms and sizes, were removed; the end of the bone was made to project from the wound, and was sawn off; and, lastly, the head was seized, disarticulated, and contracted, though not without difficulty. The length of bone thus removed was equivalent to six inches. There was no hemorrhage during the operation. For a few days the patient went on well; but the limb soon became cold, emphysematous, and gangrenous, and *Lisieux* died on the ninth day after the operation.

Paillard's Surgical Account of the Siege of Antwerp.

Cause of the Circulation of the Blood.—M. Tanchon read to the Academy of Sciences a paper, representing his peculiar views of the cause of the circulation of the blood. This physician, resting his opinions on deductions derived from facts already ascertained, and not upon direct experiments, believes that the circulation is a movement of suction, and that this movement is the consequence of the formation of a vacuum. The vacuum, determined by the continual abstraction of some of the principles of the blood, draws this fluid through the large vessels as well as through the capillaries.—*Archives Générales.*

Whole number of deaths in Boston for the week ending September 6, 44. Males, 21—Females, 23.
Of salt rheum, 1—unknown, 3—infantile, 6—cholera infantum, 1—complication of diseases, 1—dysentery, 6—scarlet fever, 1—dropsy on the brain, 4—throat distemper, 9—teething, 6—accidental, 2—inflammation on the lungs, 1—measles, 1—typhous fever, 2—hooping cough, 1—inflammation in the bowels, 1—old age, 1—lung fever, 1—dropsy on the chest, 1—ulcer, 1. Stillborn, 3.

ADVERTISEMENTS.

HARVARD UNIVERSITY.

MEDICAL LECTURES.

THE MEDICAL LECTURES in HARVARD UNIVERSITY will begin in the Massachusetts Medical College, Mason Street, Boston, the *third Wednesday in October next*, at a quarter before nine, A. M., and continue four months.

Anatomy and Surgery, DR. WARREN.
Chemistry, DR. WEBSTER.
Materia Medica, DR. BIGELOW.
Midwifery and Medical Jurisprudence, DR. CHANNING.
Theory and Practice of Physic, { DR. JACKSON, DR. WARE.

WALTER CHANNING, *Dean.*

Boston, May 15, 1833. 1aft

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY WEDNESDAY, BY D. CLAPP, JR. AND CO.

At 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed *Post-paid*. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Price $2,00 per annum in advance, $3,50 if not paid within six months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*